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ABSTRACT

Guidelines for writing assessments of the English language skills of minority, bilingual, preschool and elementary school children are presented for monolingual speech-language pathologists. In addition, a project (Project Communicate) providing direct client services and training of speech-language pathologists is briefly described. With regard to the assessment of children from culturally and linguistically diverse backgrounds, the following information approaches are suggested for the monolingual clinician's report: 1) identifying the language spoken at home and the length of time the child has been in the English-speaking environment; 2) evaluating the child in his/her native language, using other bilingual staff if necessary; 3) including descriptive information about the child's second language performance; 4) specifying the type of services recommended in the child's second language, such as speech and language therapy. Examples of acceptable and unacceptable ways to describe a child's testing performance are also provided. The following objectives of Project Communicate are outlined: to provide training for graduate students in speech and language pathology; to provide speech, language, and hearing services to minority bilingual preschool and elementary school children; to instruct teachers of preschool children about speech and language development and disorders; to recruit bilingual students for graduate study in speech-language pathology; and to initiate research projects. (SEW)

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Culturally/Linguistically Different Children: Report Writing Guidelines for Speech-Language Pathologists

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Speech-Language pathologists and audiologists are often responsible for performing assessments of children from culturally and linguistically diverse backgrounds. In all cases it is preferable to have such children evaluated by a bilingual speech-language pathologist. This professional can best make judgments regarding competencies in both languages. The bilingual clinician is attuned to cultural influences on behavior and test performance, and most importantly, is able to relate to the child in the language she/he feels most comfortable. Speech/Language pathologists and audiologists who are working in settings without bilingual clinicians (and they are very scarce) should develop a resource list of bilingual speech-language pathologists or settings where an evaluation can be performed.

State and Federal law mandates that assessment of public school children must be conducted in the child's native language. It is appropriate for monolingual therapists to advocate for obtaining an outside evaluation. If a speech-language pathologist or audiologist is not available, other bilingual personnel such as special education teachers, physical therapists, psychologists, occupational therapists and teachers may be of assistance. They may contribute by giving informal impressions and/or conducting speech-language screenings in the child's native language.

The monolingual speech-language pathologist and audiologist is bound by the American Speech-Language-Hearing Association (ASHA) Code of Ethics in rendering services to linguistically/culturally different children. The following Principles of Ethics (ASHA, 1981) are particularly relevant to assessment:

1. Individuals must neither provide services nor supervision of services for which they have not been properly prepared, nor permit services to be provided by any of their staff who are not properly prepared.

2. Individuals shall identify competent, dependable referral resources for persons served professionally.

When monolingual speech-language pathologists are asked to assess a child's performance on English language skills, it is the clinician's ethical responsibility to define relevant limitations of the test materials in assessment. The following guidelines are suggested in conveying these factors in a report:

1. In the history, report which language is spoken at home and the length of time the child has been in the English-speaking environment. Report which language the child uses or is expected to use in present daily life activities.

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Example: J. has been in the mainland for four years. At home the primary language used is French. J. is presently enrolled in an English monolingual first grade.

2. As stated, the child should be evaluated in his/her native language by a bilingual speech-language pathologist, or if one is not available, related educational personnel can be utilized as resources in the assessment. Include such information in your report.

   Example: K. was assessed in Italian by a bilingual speech-language pathologist. She reports an adequate performance in all language and speech modalities assessed.

3. Convey that the objective of your report is to evaluate the child's English language performance, knowledge or skills, and to determine appropriate intervention/teaching strategies.

   Example: The present assessment was made in order to determine H.'s English language skills and to provide recommendations to the classroom teacher.

4. Be descriptive when writing about a child's second language performance. Rely heavily on informal observations of the child's second language competence. Obtain samples of second language use in as many contexts as possible, including informal play activities, classroom participation, and peer interactions.

   Example: A language sample taken during observation of J.'s classroom interaction revealed the following utterances: "The sheeps is eating; he play yesterday, etc."

5. Do not compare a child's performance by means of normative data gathered on a population that does not include members of the child's linguistic/cultural background.

   Example: YES Results from the Northwestern Syntax Test suggest difficulties understanding English reflexive personal and possessive pronouns.

   NO The Northwestern Syntax Test (receptive area) score obtained was 26, equivalent to an age range of 4.0 to 4.11.

6. When formulating impressions, avoid terms which indicate a speech/language pathology in the second language such as developmentally delayed, below age expectancy, retarded, language problems, articulation disorder.

   Example: YES Articulation difficulties in the production of English sounds /z/ and /θ/ sounds were observed.

NO Results suggest an articulation disorder characterized by substitutions for /z/ and /θ/ sounds.

7. Avoid recommendations which might interfere with psychological or social interactions in family or community, such as changing the language at home.

Example: YES It is recommended that the child participate in activities with English-speaking peers, such as organized sports.

NO It is recommended that the primary language used at home be changed to English.

8. Specify the type of services you are recommending in the child's second language, such as speech and language therapy, English Language Stimulation, English as a Second Language classes, or English language consultation to the classroom teacher. Keep in mind that a recommendation for speech and language therapy may suggest that the child is handicapped, while the other recommendations are more educationally focused.

Example: An English Language Stimulation group is recommended in order to promote development of English language expressive skills.

Other examples of acceptable and unacceptable ways to describe a child's testing performance are stated below.

NO	YES
K. displays an articulation disorder characterized by consistent substitution errors of d/ and s/z.	K. is presenting difficulties in the production of /θ/ and /z/ sounds due to lack of exposure/ experience with English language sounds.
J. displays an expressive language disorder characterized by generalization of past regular forms to irregular forms. Carrow Test of Auditory Comprehension of Language.	J. is not using English past tense irregular forms. This pattern is typical of second language acquisition processes.
M. performed at the 4.6-4.11 level on the TACL, indicating a delay or approximately two years in receptive language.	M. has not yet acquired understanding of English tense markers.

NO

Carlos exhibited a deficit (about two years) in both receptive and expressive language development. Sentence structure and vocabulary are immature, and Carlos does not initiate much conversation. Carlos comes from a bilingual environment, in that English is spoken in his school and Spanish is spoken at home. Therapy is recommended in order to improve receptive and expressive language weakness.

YES

Carlos's language skills were assessed in order to determine appropriate goals and methods for intervention. Carlos is a native of Puerto Rico and moved to Boston one year ago. Carlos's performance in both expressive and receptive English language tasks is below expectation for native English speakers of his age. Carlos's level of performance likely reflects his bilingual environment where Spanish is spoken in his home and English at school. Carlos's reluctance to initiate conversation may be related to cultural factors or his discomfort with the English language. Group language stimulation is recommended in order to facilitate Carlos's English language development.

SUMMARY OF PROJECT COMMUNICATE

This grant project is designed to provide training for graduate students in Speech and Language Pathology, to provide Speech, Language, and Hearing services to minority bilingual pre-school and elementary school children, to instruct teachers of pre-school children about Speech and Language development and disorders, to recruit bilingual students for graduate study in Speech-Language Pathology, and to initiate research in the above components of the grant project.

The project addresses needs within the community of educators at the local, state and national levels to investigate the problems of bilingual/minority children in speech and language areas, and to train personnel to work with these children. A bilingual Speech-Language Pathologist renders services in the project through student training, direct therapeutic intervention, and teacher instruction. Eight to ten graduate students are involved in speech and language assessment and management of elementary school children in five schools in Roxbury and Dorchester areas of Boston. Twenty to thiry graduate students administer Speech, Language, and Hearing screenings to children in thirteen pre-schools in the Roxbury and Dorchester school districts. Pre-school teachers are enrolled in a course under the auspicies of Northeastern University, which provides them with information relative to Speech and Language development and disorders. Provisions are made for active recruitment and financial support for minority/bilingual students pursuing careers in speech/language pathology and audiology. Built into the structure of the project are the threads for a variety of research trends, such as personnel preparation, screening and assessment tools for Speech and Language, management techniques in Speech and Language, and information on the bilingual/minority child. Information from project operation in FY 1978-80 revealed that students gained unique skills that are being applied to

current employment sites, that children received quality management with appropriate follow-up techniques, and that pre-school teachers were provided with knowledge which benefited their programs regarding these children.